

University of Louisiana Monroe
College of Arts, Education and Sciences
Rescheduling Final Examination

Name: _____	CWID: _____	Date: _____
Advisor: _____	Major: _____	Term: _____
Course Title, Number and Section: _____	Current Exam Date and Time: _____	Rescheduled Exam Date and Time: _____

Reason for Change:

_____ Student's Signature *	_____ Date
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_____ Instructor's Signature	_____ Date	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove
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_____ Director's Signature	_____ Date	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove
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